

Acuity testimony for March 25, 2015

Good day

My name is Dan Rec and I am a nurse who works in the ICU of Brigham & Women's Faulkner Hospital, where I have worked for almost 30 years. I am a strong supporter of the new ICU law because it sets the appropriate standard of care for ICU patients throughout the state. Staffing and care should be based on the needs of the patient.

In reviewing your draft regulations, I, along with other ICU nurses, have some issues with the draft that appears to undermine the intent of the law.

The areas I want to address involve the process for the creation of the acuity tool and how it will be used and interpreted.

First, under 8.06, it is stipulated that there will be an advisory committee at each hospital that will develop a hospital specific acuity tool, with the final authority left in the hands of senior management. The regulations also fail to ensure that the majority of the committee is made up of front line ICU nurses. These regulations must ensure that hospital specific acuity tools are developed by the nurses who will use the tool and that management cannot override what the committee develops. It is also important that where nurses are part of a union, that the union representatives also be allowed to select members of this committee.

My second issue is under section 8.05 where the regulations make the acuity tool, not the assessment of the ICU staff nurse on the unit, as the key deciding factor in determining when a second patient care is assigned to a nurse. Under the law, it is the nurses on the unit who make the determination of staffing and the acuity tool is just a tool. There will be cases when patients may be subject to conditions and clinical or environmental factors that, while not reflected on the tool, still prevent that the patient from being doubled. The nurses on the unit must have the authority to make that determination and these regulations should not prevent that.

Thank you,

Daniel Rec R.N., B.S.N.